



LICENSED RESIDENTIAL FACILITIES

**Adult Residential Facilities (ARFs) and
Residential Care Facilities for the Elderly (RCFEs)**

Adriana Ruelas
Legislative Affairs Director
Steinberg Institute

STEINBERG INSTITUTE

ADVANCING MENTAL HEALTH POLICY & INSPIRING LEADERSHIP



The Steinberg Institute is dedicated to advancing sound public policy and inspiring leadership on the issues of mental health.

We believe that brain health is the under-attended issue of our time.

ADULT RESIDENTIAL FACILITIES (ARFs)

- “Board-and-care”
- Age: 18 – 59
- Licensed by the Department of Social Services to provide care and services
- Provides services that allow people to maintain independence and receive individualized care in a home-like environment, to include:
 - 24 Hour Care
 - Three meals/day (must accommodate special dietary needs)
 - Assistance with managing medications
 - Public Guardians utilize Board and Care’s as the least restrictive placement for Conservatees

RESIDENTIAL CARE FACILITIES FOR THE ELDERLY (RCFEs)

- Age: 60+
- Provide room, board, housekeeping, supervision, and personal care assistance with basic activities like personal hygiene, dressing, eating, and walking
- Care and supervision for people who are unable to live by themselves but who do not need 24-hour nursing care

STATEWIDE CLOSURES

- Housing values and minimum-wage continue to increase yet reimbursement rates have remained stagnant
- No reliable data on the decrease in facilities*
 - Since 2012, San Francisco has lost more than a third of licensed residential facilities that serve people under 60, and more than a quarter of those serving older clients. (CALmatters)
 - Los Angeles, which has a large portion of the state's board-and-cares, has lost more than 200 beds for low-income people with serious mental illness in the past year. (CALmatters)
- Multiple board-and-care licenses currently under review with no approval guaranteed

GOALS OF AB 1766 (BLOOM) BOARD AND CARE DATA COLLECTION AND NOTIFICATION

- Improving access and minimizing closures through...
 - Data collection, related to:
 - Acceptance rate of residents paying with Supplemental Security Income rate
 - Number of patients being served
 - Average length of stay
 - Facility type and by county
 - Bed capacity of each facility
 - Creating a pathway for resources while protecting privacy*
- Collaboration and reporting between the state, counties and licensed facilities

RESOURCE PATHWAY

- Individual “No Place Like Home” grant awards → identifying 20 percent of beds for those in need of long-term care to offset shortage
- Increasing and working with facilities to accept and fill funding gap for SSI income recipients

“TRANSFER TRAUMA” & RELOCATION STRESS

- A facility closure can be especially traumatic for vulnerable clients
- Re-entering the community and navigating the social services sector is daunting for those with serious mental disorder.
- Residents at these facilities become confused and distraught
 - Particularly those who have lived at their board-and-care for more than five years

IDENTIFIED PROBLEMS

1. Funding
2. Lack of knowledge – number of facilities
3. Availability and closure of facilities
4. Transfer trauma and relocation stress
5. LPS-Conservatorship placements- LPS Audit
6. Potential homelessness